

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395794	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/04/2023
NAME OF PROVIDER OR SUPPLIER: SAINT JOHN XXIII HOME STATE LICENSE NUMBER: 360202			STREET ADDRESS, CITY, STATE, ZIP CODE: 2250 SHENANGO FREEWAY HERMITAGE, PA 16148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0758	Based on a Medicare/Medicaid Recertification, State Licensure, and Civil Rights Compliance Survey completed on May 4, 2023, it was determined that Saint John XXIII Home was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0758			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0758 SS=D	Continued from page 1 483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and	F 0758	F0758 (R1): Resident attending physician has provided documentation / clinical rationale related to (R1) "continued use" of the PRN Ativan order. Baseline audit completed by Director of Nursing on 05/12/2023 identified 5 residents (including R1), with current PRN Psychotropic medication orders. 5 of 5 residents have the required 14 day stop orders in place and/or physician clinical rationale documented for "continued use" of PRN psychotropic medications. All RN/LPN staff, facility psychiatrist and (R1) attending physician will be re-educated by the Director of Nursing regarding regulation F483.45 and the facility "Psychotropic Medication policy" by: 05/19/2023 Director of Nursing (D.O.N) has completed the above baseline audit on 05/12/2023. In addition, the D.O.N will audit the Medication	Completion Date: 05/22/2023 Status: APPROVED Date: 05/12/2023	

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F 0758 SS=D	Continued from page 2 §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:	F 0758	Administration Record (MAR) and order set of each resident with current and new PRN psychotropic orders on a weekly basis for the presence of the 14 day stop date and/or physician clinical rationale for "continued use" of the medication, through 7/1/23. Results of the above audit(s) will be incorporated into the facility Quarterly Quality Assurance meetings and QAPI program.		

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F 0758 SS=D	<p>Continued from page 3</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to provide a clinical rationale for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14 days for one of five residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of a facility policy entitled, " Psychotropic Medications" dated 7/2022, indicated that "PRN orders for psychotropic medications other than antipsychotic medications are limited to 14-day orders. The attending physician or prescriber may extend the order beyond 14 days if he/she believes the order is appropriate. The prescriber must document the rationale and duration when extending the order."</p> <p>Review of Resident R1's clinical record revealed an admission date of 10/14/22, with diagnoses that included muscle wasting, atrial fibrillation (irregular heartbeat), repeated falls, type II diabetes, and</p>	F 0758			

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F 0758 SS=D	Continued from page 4 anxiety. A physician's order dated 4/27/23, identified to administer Ativan (anti-anxiety medication) 0.5 milligrams (mg) by mouth every 6 hours as needed for anxiety, and lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days. The physician's order was updated on 5/1/23 to administer Ativan (anti-anxiety) 0.5 milligrams (mg) by mouth every 6 hours as needed for anxiety day to include non-pharmacological interventions and continued to lack the required stop date within 14 days or a clinical rationale for continued use beyond 14 days. During an interview on 5/03/23, at 12:20 p.m. the Director of Nursing confirmed that Resident R1's Ativan orders lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0758			



Certified End Page

SAINT JOHN XXIII HOME

STATE LICENSE NUMBER: 360202

SURVEY EXIT DATE: 05/04/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY